

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 OCT -9 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001970894
-10/10/96--01077--018
****225.00 ****225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 559129

1. Corporation Name
NEW HORIZONS GENERAL CONTRACTORS, INC.

Principal Place of Business 2511 PARK STREET LAKE WORTH, FLORIDA 33460

Mailing Address 2511 PARK STREET LAKE WORTH, FLORIDA 33460

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	JUNE 10, 1991	1995
22	27	4. FEI Number	Applied For
23	28	65-0269494	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARK A. ANNUNZIATA 2511 PARK STREET LAKE WORTH, FLORIDA 33460		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

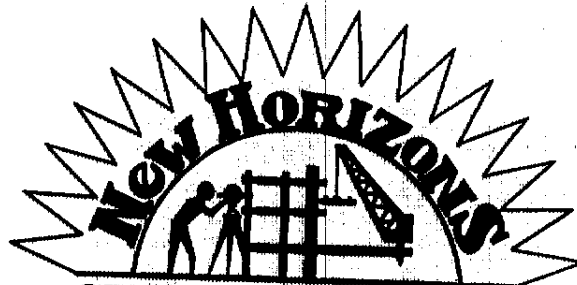
SIGNATURE _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK A. ANNUNZIATA	1.2 NAME	
STREET ADDRESS	2511 PARK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FLORIDA	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN R. ANNUNZIATA	2.2 NAME	
STREET ADDRESS	2511 PARK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33460	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS ANNUNZIATA	3.2 NAME	
STREET ADDRESS	2511 PARK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FLORIDA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* _____ DATE _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)



GENERAL CONTRACTOR

2511 PARK STREET
LAKE WORTH, FLORIDA 33460
561 582-3500 / FAX 582-3507

OCTOBER 8, 1996

**DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399
ATTENTION: SHAWN**

**RE: NEW HORIZONS GENERAL
CONTRACTORS, INC.
CORPORATE REPORT
ORIGINAL NOTICE NOT RECEIVED**

SHAWN,

**THANK YOU FOR YOUR ASSISTANCE WITH MY PHONE CALL IN REFERENCE
TO NOT RECEIVING OUR RENEWAL NOTICE. PLEASE VERIFY OUR MAILING
ADDRESS.**

**THIS IS A WRITTEN NOTICE STATING WE DID NOT RECEIVE THE RENEWAL
FORM.**

**PLEASE GIVE A CALL IF WE NEED TO GIVE YOU FURTHER INFORMATION
FOR OUR RENEWAL.**

RESPECTFULLY,

Linda Berg
**LINDA BERG,
BOOKKEEPER**